

PRINTED: 07/14/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

TN3304

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

07/12/2011

NAME OF PROVIDER OR SUPPLIER

HEALTH CENTER AT STANDIFER PLACE, THE

STREET ADDRESS, CITY, STATE, ZIP CODE

2626 WALKER RD
CHATTANOOGA, TN 37421(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETE
DATE

N 002

1200-8-6 No Deficiencies

N 002

During the Life Safety portion of the survey, there were no deficiencies cited from 1200-8-6, Standards for Nursing Homes.

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

Administrator

(X6) DATE

8-1-11

6899

60TM21

If continuation sheet 1 of 1

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3304	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING		(X3) DATE SURVEY COMPLETED 07/12/2011
NAME OF PROVIDER OR SUPPLIER HEALTH CENTER AT STANDIFER PLACE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2626 WALKER RD CHATTANOOGA, TN 37421		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	1200-8-6-.08(1) Building Standards (1) The nursing home must be constructed, arranged and maintained to ensure the safety of the resident. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain fire doors. The findings include: Observation and interview with the Director of Operations in the Dalton towers building at 10:45 am on July 11, 2011 confirmed the fire doors to the 1 east, 1 west, 3 west, and 2 east wings failed to close and latch. The latching mechanisms had been removed from the door frame on the 1 east and west fire doors.	N 831	Tag: N831 1. Fire Doors to entrances of all 6 Dalton Units will be fixed to properly close and latch. Plans will be submitted to the State to obtain supporting documentation of the reclassification of all other fire doors in Dalton to smoke doors. 2. Maintenance department will ensure all fire doors in both resident building are properly closing and latching. 3. Facility will inservice maintenance staff on the location and functionality of Dalton Fire doors. Inservice will be conducted by Maintenance Director. 4. Maintenance staff will conduct routine functional inspections of fire and smoke doors. Inspections will occur periodically in conjunction with fire drills.	08/20/11 08/20/11 07/31/11 8/20/11	

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